



December 2020

South Dakota Project AWARE Meeting Facilitation

Meeting 4 Summary

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Overview of Project

South Dakota Project AWARE is a grant program focused on building partnerships between education agencies and mental health agencies statewide to increase awareness of mental health issues and coordination of services for school-age children. In Year 1 of the grant, the South Dakota Department of Education (SD DOE) and the South Dakota Department of Social Services, Division of Behavioral Health (DSS-DBH), convened a statewide advisory group and created local implementation teams comprised of stakeholders from local education agencies and community mental health centers. As part of Year 1 implementation, SD DOE and DSS-DBH partnered with Marzano Research to develop a shared mission and vision for the project.

Marzano Research collaborated with SD DOE and DSS-DBH partners to plan and facilitate one virtual meeting with the local implementation teams in preparation for a second, in-person meeting with the statewide advisory group. The first meeting included implementation team leaders, representatives from SD DOE and DSS-DBH, and representatives from the four school districts associated with the initial implementation of services and their designated mental health service providers under the grant. Marzano Research conducted Meeting 1 virtually with the local implementation teams to begin building consensus on a shared mission and vision for the project. Prior to Meeting 1, we worked with SD DOE and DSS-DBH partners to establish specific outcomes and create a meeting agenda. We designed a process for discussion, collaboration, and decision-making that engages participants, surfaces their interests and needs, and results in higher levels of trust and ownership.

The second, in-person meeting was held on November 14, 2019, in Oacoma, South Dakota. Attendees were representatives from statewide advisory group partners, including SD DOE, DSS-DBH, school districts and mental health service providers, prevention providers, the Associated School Boards of South Dakota, the South Dakota School Superintendents Association, School Administrators of South Dakota, the South Dakota School Counselor Association, the South Dakota Association of School Psychologists, the Center for Prevention of Child Maltreatment, South Dakota School Nurse Association, and South Dakota universities. During the meeting, the advisory group representatives provided input on the grant mission and vision. They also developed structures and shared resources to support future implementation. After this second meeting, SD DOE and DSS-DBH partners finalized the South Dakota Project AWARE mission and vision.

The third, virtual meeting included representatives from statewide advisory group partners. During the meeting, SD DOE provided insight into the work on the mission and vision statement that had been finalized. The external evaluator for South Dakota Project AWARE, Alan Stein-Seroussi from the Pacific Institute for Research and Evaluation, provided data on the current state of the evaluation. Marzano Research then presented on the consultancy roles to clarify expectations that partners and attendees should have for their roles in the meeting. Lastly, DSS-DBH partners provided some information on behavioral health service providers in South Dakota as well as the

details on the Systems of Care (SOC) initiative established to provide basic resources and support to individuals in need.

The fourth, virtual meeting included representatives from statewide advisory group partners. The meeting summary is presented below.

Meeting 4 Summary

The virtual meeting took place on Thursday, December 8, 2020, from 1:00 p.m. to 4:00 p.m. CT. Marzano Research staff members Anne Butterworth and Mike Siebersma facilitated the meeting.

PARTICIPANTS

Participants included members from the local implementation teams, staff from SD DOE and DSS-DBH, and representatives from education and mental health professional associations across South Dakota. Tables 1–3 list the participants from the statewide advisory group, local implementation teams, and state agencies, respectively.

Table 1. Project AWARE Advisory Group Participants

Participant	Organization	Position
Amanda Bender	South Dakota School Counselor Association	President-Elect
Andrea Diehm	South Dakota Department of Education	School Counseling and Career Development Specialist
Wendy Giebink	National Alliance on Mental Illness	Executive Director
Mallory Kloucek	National Alliance on Mental Illness South Dakota	Project AWARE and Ending the Silence Coordinator
Lane Madsen	South Dakota Counseling Association	President
Michelle Majeres	Volunteers of America, Dakotas	Prevention Specialist
Elizabeth McPherson	South Dakota Association of School Psychologists	President
Rob Monson	School Administrators of South Dakota	Executive Director
Loren Paul	South Dakota Education Association	President
Tifanie Petro	Children's Home Society of South Dakota	Director of Advocacy and Prevention Program
Linda Poppens Boland	South Dakota School Nurse Association	Registered Nurse
Carrie Sanderson	Center for the Prevention of Child Maltreatment	Director

Participant	Organization	Position
Jay Trenhaile	South Dakota State University	Department Head-Counseling and Human Development
Michelle Vande Weerd	Brookings School District	Director of Curriculum and Instruction
Sandra Waltman	South Dakota Education Association	Director of Government Relations and Communications

Table 2. Local Implementation Team Participants

Participant	Organization	Position
Kim Aman	Bridgewater-Emery School District	Elementary Principal
Tami Ambrosion	Lewis & Clark Behavioral Health Services	Director
Lori Brunick	Lewis & Clark Behavioral Health Services	Systems of Care Coordinator
Carrie Carney	Black Hills Special Services Cooperative	Community Project AWARE Manager
Jaycie Culbert	Lewis & Clark Behavioral Health Services	Community Project AWARE Manager
Dawn Hartman	Douglas School District	Counselor
Joe Hauge	Black Hills Special Services Cooperative	Executive Director
Lisa Jones	Sioux Falls School District	Community Project AWARE Manager
Taylor Kevan	Southeastern Behavioral HealthCare	Systems of Care Coordinator
Deb Muilenburg-Wilson	Sioux Falls School District	Senior Director (Special Services)
Amber Roduner	Black Hills Special Services Cooperative	Licensed Professional Counselor
Greg Seefeldt	Douglas School District	Middle School Principal

Participant	Organization	Position
Mark Sheets	Douglas School District	Assistant Principal/Activities Director
Jenelle Sigler	Bridgewater-Emery School District	Community Project AWARE Manager
Tutush Woldemariam	Southeastern Behavioral HealthCare	Systems of Care Coordinator

Table 3. State Agency Participants

Participant	Organization	Position
Melanie Boetel	South Dakota Department of Social Services, Division of Behavioral Health	Assistant Director of the Division of Behavioral Health
Jana Boocock	South Dakota Department of Social Services, Division of Behavioral Health	Prevention Program Manager
Sean Hanley	Pacific Institute for Research and Evaluation	Project AWARE External Evaluator
Beverly Mentzer	South Dakota Department of Social Services, Division of Behavioral Health	Juvenile Justice Reinvestment Initiative Program Manager
Teresa Rowland	South Dakota Department of Education	Project AWARE Coordinator
Alan Stein-Seroussi	Pacific Institute for Research and Evaluation	Project AWARE External Evaluator

OBJECTIVES

The meeting objectives were as follows:

1. To increase awareness and engagement of statewide partners.

2. To develop networks and structures to support statewide, interconnected behavioral and mental health services.
3. To provide opportunities to share resources and collaboratively address challenges.

SUMMARY OF ACTIVITIES

Marzano Research opened the meeting by welcoming the advisory group, local implementation teams, and state agency participants. Next, participants responded to a few guiding questions in a connecting activity. After this activity, Marzano Research reviewed the meeting agenda and objectives.

SD DOE partners then relayed important grant updates and significant celebrations. Notably, Jackie Larson, a key contributor to the project, had retired. The partners celebrated the success of Year 2 in light of the challenges related to COVID-19. The partners concluded their celebrations by providing the established and refined vision and mission statement for South Dakota Project AWARE and highlighting the success in working toward the mission statement by providing examples from the subcomponents:

- Interconnected system of education, mental health, and community enhancing partnerships.
- Tools to empower students.
- Tools to empower educators and school staff.
- Tools to empower families.

Next, DSS-DBH partners related stories of successful school implementation, demonstrating the importance of a healthy partnership between a school district and behavioral health provider. Whittier Middle School, in partnership with Southeastern Behavioral HealthCare, saw an increase in connecting students to Tier 3 services from 41.6% in the 2017/18 school year to 88% in the 2019/20 school year. Lisa Jones noted that this success was due to a complete revision and refinement of the referral system in Whittier Middle School. Tutush Woldemariam additionally emphasized that this success was attributable to the close collaboration between the two partners and the follow-up procedures that had been developed.

Marzano Research then provided an overview of the development of the Telemental Health Guidance and informed participants that this document had been finalized and would be distributed after the meeting. Janelle Sigler from Bridgewater-Emery School District provided a description of the district's telemental health implementation, including key elements that contributed to its success. Sigler also provided an update on current projects to improve the district's telemental health system and some next steps for the district team. Sigler mentioned that a task force comprised of members with different perspectives, ideas drawn from existing resources, and the partnership with the community mental health center were all crucial to successful implementation. Bridgewater-Emery School District is currently working on refining some components of its telemental health system, such as training a dedicated individual to

support students with the telemental health services and diversifying the use of devices for service provision. Sigler concluded by mentioning that a next step for the telemental health system was expanding the services that the district provides.

Next, Carrie Sanderson from the Center for the Prevention of Child Maltreatment delivered the “Creating Resiliency: Community Strategies to Prevent and Respond to Child Maltreatment” presentation, which included an overview of child maltreatment specific to South Dakota. Sanderson highlighted the importance of training on adverse childhood experiences and presented on the Centers for Disease Control and Prevention’s protective factors to argue for the importance of working toward systemic change to build a resilient, trauma-informed community in South Dakota. Additionally, Sanderson pointed to courses and training through Child and Adult Advocacy Studies and partnering organizations to grow a trauma-informed community. Sanderson concluded the presentation by providing a checklist of community characteristics needed to create resilience and some guidelines on what to do if a child discloses abuse.

Next, Melanie Boetel of DSS-DBH provided an overview of the 605 Strong crisis counseling program, which offers a 24/7 hotline for individuals needing support due to the repercussions of COVID-19, a follow-up program for individuals experiencing acute distress, crisis counseling, and outreach to individuals impacted by COVID-19.

Marzano Research then facilitated the activity “360° Perspective – Successful Systems,” in which participants discussed what a functional multi-tiered system of support looks like from the perspectives of different stakeholders. In groups, participants considered what would it be like when the system was functional or dysfunctional in relation to a specific stakeholder perspective (for example, the perspective of a counselor, parent, principal, student, or teacher). Participants recorded their ideas in Padlet and reviewed the ideas of other groups. Snapshots of participants’ comments, collected via Padlet, are in Appendix A. Marzano Research concluded the activity by asking participants the following two reflection questions:

- What insight did you gain through this activity about the purpose and value of a fully implemented system?
- How could you use this activity—either the process or product—back home?

Participants responded to the questions in the Zoom chat box. Their reflections were as follows:

- A fully-implemented system makes everyone feel valued/supported and saves time and increases benefits.
- Pay attention to the various roles/needs of people involved and try to meet all those needs.
- Big insight on how having a system prevents people from having to make everything up as they go—we all know where to go next to serve kids.
- The purpose of the activity is to put yourself in others’ shoes and see things from their perspective, hopefully fostering compassion and willingness to work as a team to fully implement the program/system.

- Student role was interesting—we don’t always (as a whole) think about how students feel.
- Interesting to hear/see others’ perspectives. It helps answer the question “what do you need to be successful?” I think it would be helpful to ask my staff, admin, parents, and students these questions so we know how to best help!
- Evidence of our ability to empathize when we put ourselves in someone else’s shoes.
- It is a good reminder of taking into account different perspectives and how to problem-solve based on how others might be seeing situations.
- Many diverse groups would benefit from knowing more about the system needed to successfully support student mental health needs: state legislature, state agencies, local school boards, local teaching staff, etc.
- I can definitely use this process with other schools and parents to give them space to think about what needs are.
- It creates a system where everyone knows what is happening and at what time. This understanding helps to reduce confusion and makes everything more efficient to help the person in need.

Following this activity, the external evaluator for South Dakota Project AWARE, Alan Stein-Seroussi from the Pacific Institute for Research and Evaluation, presented evaluation results for Year 1 and Year 2. In general, implementation activities in Year 2 had greatly increased compared to Year 1, most likely because Year 1 was primarily a planning year. Stein-Seroussi’s presentation focused on the Tier 2 and 3 referral process and ratio of successful referrals. Stein-Seroussi finished the presentation by providing a link to gather follow-up thoughts on making the evaluation data more useful to district needs.

Lastly, Marzano Research thanked participants for their engagement and shared a survey link for them to provide feedback on the meeting. The results from this survey are described in the next section.

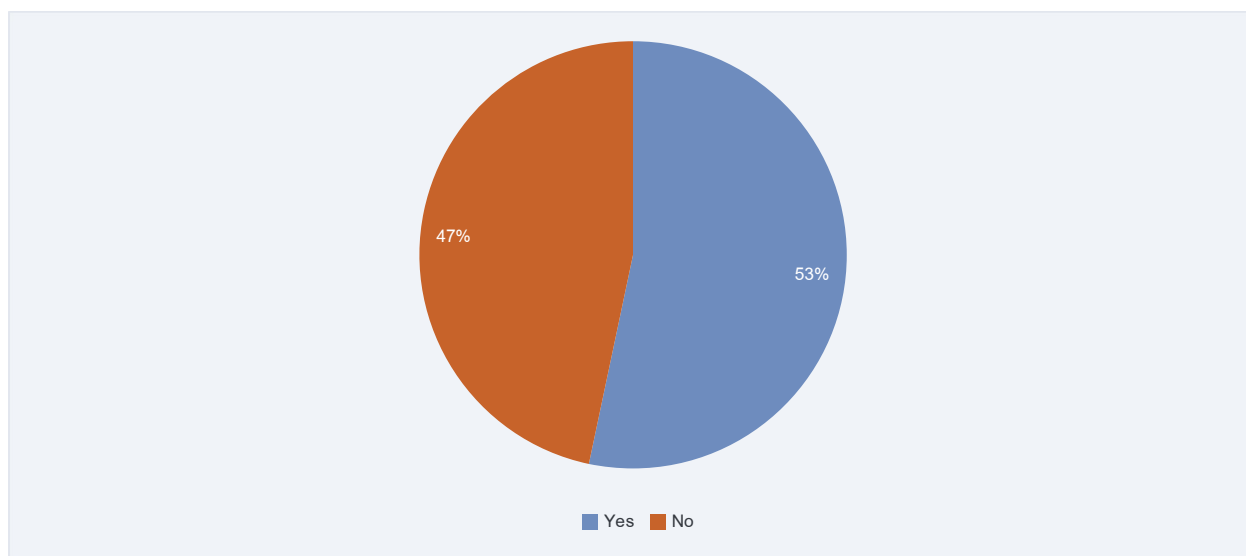
NEXT STEPS

Next steps of the South Dakota Project AWARE team include moving forward with implementing the grant activities as well as identifying priorities and agenda items for the next advisory group meeting in spring 2021.

Feedback Survey Results

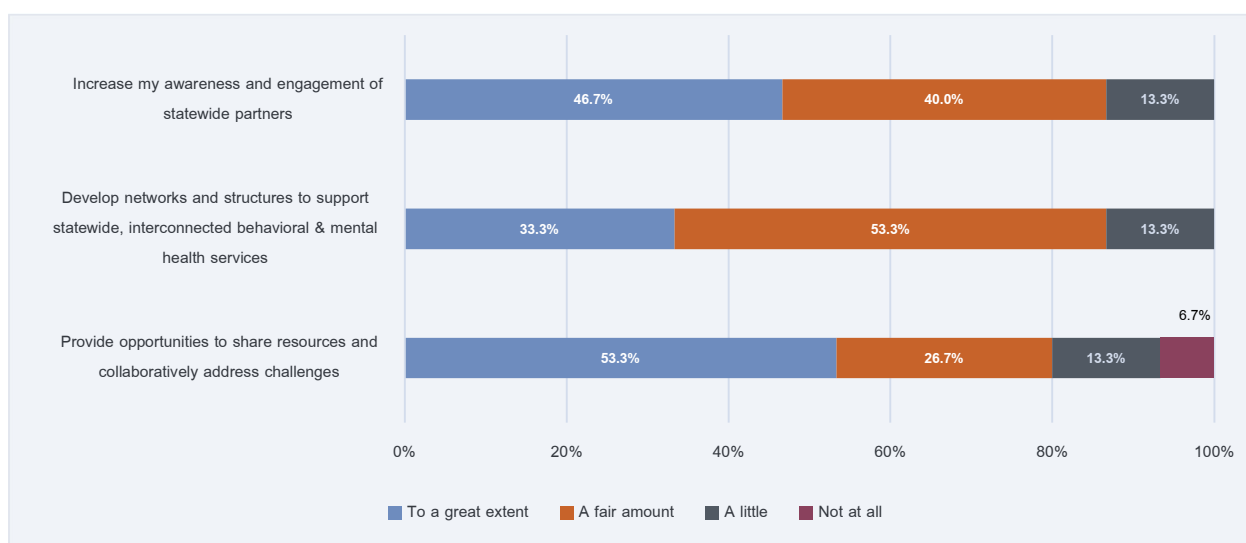
Fifteen of the thirty-five participants in Meeting 4 completed the feedback survey (a 43% response rate). Respondents were fairly equally distributed between being a member of a local implementation team and not being an implementation team member (Figure 1).

Figure 1. Respondents' Membership in a Local Implementation Team



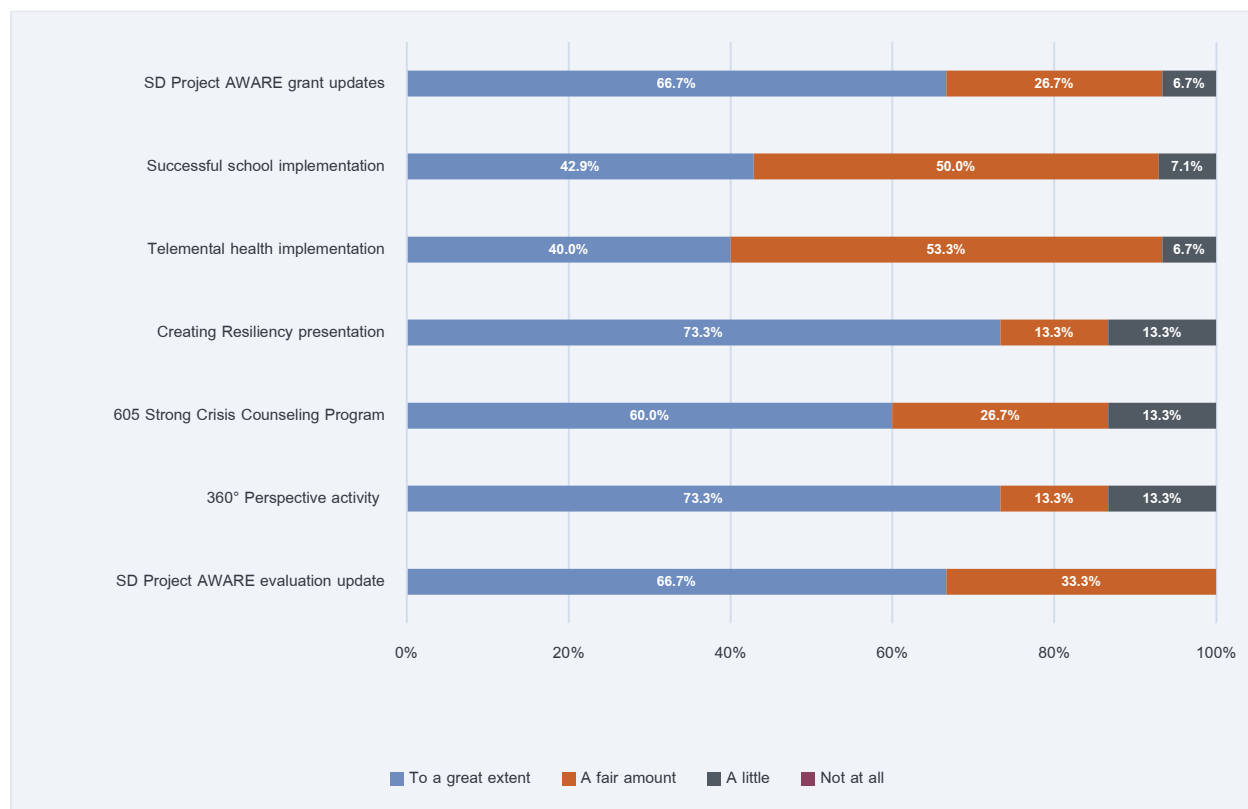
Overall, respondents indicated they had a positive experience with the meeting. Over 80% of respondents indicated that the meeting objectives were met a fair amount or to a great extent (Figure 2).

Figure 2. Respondents' Perspectives on the Extent to Which the Meeting Objectives Were Met



Additionally, respondents had positive perceptions of the extent to which meeting segments supported the meeting objectives (Figure 3).

Figure 3. Respondents’ Perspectives on the Extent to Which Meeting Segments Deepened Their Understanding of and Engagement With South Dakota Project AWARE



Respondents also indicated what they found to be most useful during the meeting. They perceived the variety of presentations and the 360° Perspective activity as useful. Specific presentations that respondents found most useful were the Pacific Institute for Research and Evaluation update and Carrie Sanderson’s “Creating Resiliency” presentation. Finally, one respondent pointed out that, as a new member, the structure of the meeting was conducive to bringing them up to speed.

Respondents also suggested improvements for future meetings. They had mixed feelings about the level of engagement for the meeting. Some respondents felt the meeting was more of a “sitting and getting” session that resulted in Zoom fatigue. On the other hand, one respondent mentioned that the “same mixture of activities work well,” suggesting that the meeting was engaging. In a suggestion related to the meeting content, one respondent stated they would like to spend more time with the Pacific Institute for Research and Evaluation findings and delve into promoting the sustainability of the program.

Appendix A. Participant Comments From the “360° Perspectives” Activity

Below are the snapshots of participants’ comments collected via Padlet.

PRINCIPAL PERSPECTIVE

Well-Implemented System Looks/Feels Like to a Principal	Less-Implemented System Looks/Feels Like to a Principal
<p>Principals are able to refer mental health needs to appropriate individuals, and have more time to do their work they are trained to do.</p>	<p>Principal may feel overwhelmed with the number of behavior referrals, some of which may be better served by a mental health professional.</p>
<p>We have data on students’ ACEs and challenges</p>	<p>may feel frustrated with systems outside of the school with availability or accessibility to services a family may need. As well as basic knowledge of what is available in their community/area</p>
<p>Feel like they can lead their building because systems are in place and staff are trained , know what to do</p>	<p>dealing with overwhelmed teachers as well as parents and kids</p>
<p>Principal helps teachers to understand the importance of giving academic time for counseling services</p>	<p>lack of knowledge of the mental health supports to field parent or school board questions related to services that could be offered within the school setting</p>
<p>All the steps are in place - people know where to go next.</p>	<p>so busy putting out fires that we don't have the bandwidth to build the system.</p>
<p>The number of students rising to T3 goes down because services are being implemented at lower levels.</p>	
<p>build connections with outside resources/people to help support systems within the school building (e.g. supporting resources for PBIS implementation)</p>	
<p>Services are not only available but accessible. Communication gets services in right hands</p>	

STUDENT PERSPECTIVE

Well-Implemented System Looks/Feels Like to a Student		Less-Implemented System Looks/Feels Like	
The things that may distract me from my schoolwork are able to get addressed	I get the help I need	I might fall behind in school	I keep struggling and may even act out
I know I am not alone	I feel school is a safe and predictable place.	feel lost and don't know where to turn	I don't know how to get help
Develop good coping strategies	Feel comfortable talking about mental health	always getting into trouble because teachers things I'm not paying attention	turn to negative coping or risking behavior
Have a trusted adult I can talk to	I know it's ok not to be ok	Don't know how to communicate to friends or teachers about my mental health	I will get a label attached to me that will prevent me from opportunities to succeed in the future (bad, loud, trouble maker)
Feel cared about and understood by teachers and adults in the building	My support systems are interacting in a way that the care is seamless between intervention strategies.	I will get trauma screening by multiple agencies using different tools - leading to different responses.	Don't feel safe or cared about, at school I get no support or understanding, no empathy, just get yelled at or punished by my teachers
I feel psychologically safe and safe to talk about my problems.	I get the services I need but don't even know I need	my parents don't know how to get help for me at school	Don't know how to share with someone what I am feeling
Know the resources to get help for myself or a friend	Parent education is supported in home and community, prior to Tier 1	drop out of school	get teased because of my behaviors/behavioral health concerns
I do not have to repeat my story or my issue to multiple adults.			

PARENT PERSPECTIVE

Well-Implemented System Looks/Feels Like to a Parent		Less-Implemented System Looks/Feels Like to a Parent	
School/CMHC staff speak in a language I know about my child.	I believe my child is precious with individual needs rather than just a problem	I just keep getting messages from school about how my child is causing problems.	I see my child falling farther and farther behind
We collaborate to figure out which supports will be helpful to my child.	I'm connected with resources that help me better understand my child.	I don't know what the next steps are with my child's challenges	my child only seems to get into trouble at school
My child can use accurate words to say how she's "doing at school"	I feel supported to help address my child's needs	Stigmatized - I'm the parent of THAT kid.	
Compassionate communication regarding my child's challenges.			

TEACHER PERSPECTIVE

Well-Implemented System Looks/Feels Like to a Teacher		Less-Implemented System Looks/Feels Like to a Teacher	
Knowledge Understanding the signs to look for to support students in need.	A safe and respectful classroom environment The role of the school guidance counselor has never been more important.	Behavioral issues are purely behaviorally focused	Lack of knowledge of resources in the community
Cultural Competence having the opportunity to attend trainings such as PBIS	Positive, consistent communication with parents	Interventions may make situations worse	Pick yourself up by your bootstraps mentality
Support Know how and when to refer a student for more intense support.	Tier 3 tying back to Home and Community Level - like a feedback loop	Lack of patience	Blaming of family Helpless Judgemental
Identifying students who struggle with basic needs and referring for SOC services	Seeing the student improve and celebrating successes	Siloed roles - that this is not my job as a teacher	No way to get support for students/trapped feeling. Help!
Teacher/Parent/Administrator/other school personnel consistent communication	A classroom where students know expectations and a school where expectations are consistent	Not understanding what skills the students are getting in Tier 2 interventions. Are they just playing games when they are with the counselor? - NO	Constant chaos with no direction of where to go next
		Us vs Them	No movement through a process (from one tier to the next)
		Tolerance vs Acceptance	Witnessing a student struggle with basic needs
		The same student moving from one grade to the next with no resolve in struggles	

SCHOOL COUNSELOR PERSPECTIVE

Well-Implemented System Looks/Feels Like to a School Counselor		Less-Implemented System Looks/Feels Like to a School Counselor	
Coordination between school counselors & community resources	All students are served	It's all a mess - no bueno	No appreciation
	People work as a team		Burnout
It's everyone's job so we all put forth the effort	More empathy involved for students and families	Poor morale	
		Always serving crisis-mode (REACTIVE counseling vs. proactive)	Not efficient
Everyone understands what the school counselor does and then have the foundational base of the effects of trauma	Not just putting out fires - kids that need TLC are getting it!		Not accessing all students
	More time because the program is data-driven to serve all students	Equity issue due to not being to serve all students	Trying to invent a new solution for every case/child that comes my way.
Students' needs are prioritized - not just the academic piece	Removal of non-school counseling duties - Woo hoo! (Happy dance! - do the Carlton)		
Preventative & more efficient use of time			
Catching needs earlier on before they become a full-blown crisis	Plans are already in place ahead of time so you aren't just winging it		

COMMUNITY PROJECT AWARE MANAGER/SYSTEMS OF CARE COORDINATOR PERSPECTIVE

Well-Implemented System Looks/Feels Like to a CPAM/SOC		Less-Implemented System Looks/Feels Like to a School Counselor	
Students receiving appropriate level of services.	Strong communication between Project AWARE staff and school staff.	Not all positions are filled consistently and therefore the program cannot move forward,	Stressful, only a few staff trying to implement with no systemic gains
Staff know how to get students referred for services.	Positive leadership from administration and team leaders.	Students being missed/underserved.	Lack of seeing the importance of SEL in classrooms.
Students meeting and/or working towards goals.	Positive working relationship between CPAM and SOC.	Understanding of what Project AWARE is limited	Lack of support from administration.
Collaborative efforts	Solid tier 1 before moving on to tier 2 and tier 3.	Staff not knowing what services are available	"Don't have time for extra things"
Admin & Staff Buy in to programming	Feels like everyone is on the same page and working well together	Feels frustrating, like we could be doing better	Identifying the students who really need the services.
Admin & Staff Buy in to programming!		Students are not getting the full supports that they could be getting	Lack of family engagement, relationships with the community.
Everyone is working as a team and understands what Project AWARE can help with		Families feeling disconnected from school and the services they offer.	



The research department at Marzano Research supports partners in improving education systems, practices, and outcomes for all learners.

Founded in 2008, Marzano Research began working with state and local education agencies and practitioners to understand the challenges they face and support them in defining the questions, conducting the research, and implementing the answers to enhance educational results.

Today, Marzano Research has grown to become one of the leading research organizations in the country, providing rigorous research, evaluation, and technical assistance to federal, state, local, and private partners. As part of that work, we serve as the lead for the Regional Educational Laboratory Central, working with state and local education agencies in seven states as thought partners and researchers to address some of the most challenging issues in education.

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